

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. A 357 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theodosia Gertrude Parker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 2 Months, 2 Days

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 210 East

Cause of Death, { First (Primary), Second (Immediate), } Whooping Cough
Convulsion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Coans Wharf Northumberland Co. Va

Date of Burial, June 14 - 1887

Undertaker, Wm W. Mauden E. L. Baldwin M. D.

Place of Business, 76 East St Address, 304 E. Euter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4716 Transd

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the fact that a Permit for Burial cannot be obtained without a proper Certificate.

Health Department, City of Baltimore.

Permit No. A. 352 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1887

Full Name of Deceased, Robert R. White {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dr.

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give Street and Number.} 1577 N. Baltimore

Cause of Death, {First (Primary), Phthisis Pulmonalis
Second (Immediate), 18 months}

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, June 15th 1887

{ Undertaker, Dennis Mitchell } Theodore Bork M. D. Medical Attendant.

{ Place of Business, 201 N. Taylor } Address, 578 Hancock

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back

Health Department, City of Baltimore.

Permit No. A 353 Office of Registrar of Vital Statistics.

Ward 6⁰ 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1887

Full Name of Deceased, Elizabeth Schatz
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 6 Years, 21 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, 2042 Federal Str
{ Give Street and Number. }

Cause of Death, Tubercular Meningitis
{ First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness, 23 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, June 14 1887

Undertaker, Henry Heed

Place of Business, 1023 North Ave

Address, W. D. Schaefer
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the requirements below, and to lists of diseases on back.

Health Department, City of Baltimore.

Permit No.

357

Office of Registrar of Vital Statistics.

Ward

9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 90 Years, 80 Months, 10 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. A 353 Office of Registrar of Vital Statistics. Ward 12²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1887

Full Name of Deceased, Gertrude Shreve
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

~~Sex, Male or Female,~~ Female
{ Cross out the word not required in this line. }

Age, 21 Years, 0 Months, 0 Days.

Color, White

~~Married, Single, Widow or Widower,~~ Single
{ Cross out the words not required in this line. }

Occupation, Montgomery Co Md

Birth Place, Montgomery Co Md
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1401 Division St.

Place of Death, 1401 Division St.
{ Give Street and Number. }

Cause of Death, Uremia from Acute Kidney Disease
Convulsions.
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, one wk.

All the above information should be furnished by the Physician.

Place of Burial, Barnville Md

Date of Burial, June 14th 1887

Undertaker, J. J. Flannery M. D.

Place of Business, 1408 Demagogue Address, 1701 Dr. Hill Ave
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4717 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 356

Office of Registrar of Vital Statistics.

Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 30 Years, ✓ Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Unknown

Occupation, Supposed to be a Sailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, " "

Place of Death, { Give Street and Number. } Taken out of water (Back Room) front of Central Ave

Cause of Death, { First (Primary) Supposed to be Accidental Drowning Second (Immediate), }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, June 14th 1887

{ Undertaker, Geo. River } M. D.

{ Place of Business, Health Office Address, 403 N. Broadway }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 357

Office of Registrar of Vital Statistics.

Ward

11th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Henry

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 327 Poston near Linden

Cause of Death, { First (Primary), Septicaemia }
{ Second (Immediate), }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 14/87

{ Undertaker, C. J. Schenck }

{ Place of Business, 925 Madison Address, 922 Madison Ave }

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 358 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George H. Davison

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1936 Orleans St.

Cause of Death, { First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 14 1887

{ Undertaker, John Henry } J. H. Collenberg M. D. Medical Attendant.

{ Place of Business, 2808 Orleans St. } Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 359

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

date, accurately filled out, deceased, or sooner, if

CERTIFICATE OF DEATH

Date of Death, June 12th

Full Name of Deceased, John Sullivan { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 75 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, Ireland { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Not known

Place of Death, 10 Hubbards Court. { Give Street and Number. }

Cause of Death, Chronic Malaria { First (Primary), }
Pneumonia. Exposure { Second (Immediate), }

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 14, 1887

Undertaker, Mr. A. Day.

Place of Business, 229 S. Bay.

J. B. Saunders M. D.
Medical Attendant.

Address, 819 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No.

368

Office of Registrar of Vital Statistics.

Ward

4th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernard Gomprecht

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 58 Years, * Months, * Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Butcher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 307 N. Euter

Cause of Death, { First (Primary), Heart disease and Embolism
Second (Immediate), Gangrene of nearly the whole of the right leg

Duration of Last Sickness, About nine months

All the above information should be furnished by the Physician.

Place of Burial, Chev Shalom

Date of Burial, June 14th 1887

Undertaker, Evans & Spence

Friedewald

M. D.

Medical Attendant.

Place of Business, 1000 E. Baltimore Address, 310 N. Euter Str

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]